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IMAGES IN CARDIOLOGY

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Cardiogenic pulmonary oedema masquerading as a tumour mass

A 76-year-old man—past smoker with hypertension and history of anterior myocardial infarction treated 12 years ago by early balloon angioplasty of the left anterior descending coronary artery (LAD)—was referred to our attention for progressive exertional dyspnoea, cough and scanty mucosal expectoration. The previous angiographic examination performed three months ago for unstable angina revealed two moderate stenotic lesions of the LAD; the left ventricular ejection fraction was 52%. Soon after, asymptomatic new-onset atrial fibrillation was incidentally discovered by his physician prompting oral anticoagulation.

Physical examination disclosed abolished vesicular murmur with dullness to percussion over the right pulmonary base. There were no pulmonary crackles and no peripheral oedema. The patient was afebrile.

The chest radiograph demonstrated a dense round-shaped infiltrate in the right lower pulmonary lobe suggestive of a mass lesion (panel A). However, careful inspection of the

radiograph also revealed mild cardiomegaly, perihilar infiltrates and slurring of the costophrenic angles, all these elements pointing toward the possibility of a pulmonary oedema. Thus, the patient was initially started on oral diuretic treatment (furosemide 80 mg/day). Five days later, the symptoms resolved and the infiltrate on the chest radiograph disappeared (panel B).

Chest radiography has a prominent role in the diagnostic work-up for heart failure, but also possesses limitations. These images illustrate an atypical radiographic appearance of subacute cardiogenic pulmonary oedema masquerading as a pulmonary tumour and highlight the importance of minor details in the analysis of the chest radiograph.

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